

JUL 22 2005



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DATE: 7/22/05 PAGES (INCLUDING COVER PAGE): 3

Certificate

TO: Certificate of Corrections FAX: 1.571.273.8300

JUL 26 2005

FROM: James C. Scott CLIENT MATTER: 109784.0001

of Correction

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COMMENTS:

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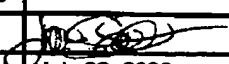
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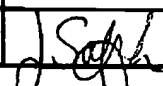
PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/727,092	
	Filing Date	11/30/2000	
	First Named Inventor	Anderson, et al.	
	Art Unit	2871	
	Examiner Name	Prasad R. Akkapeddi	
Total Number of Pages in This Submission	3	Attorney Docket Number	109784.0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Correction
JUL 22 2005 FAX		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	James C. Scott	
Signature		
Date	July 22, 2005	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Jennifer Safranek	
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PTO/SB/44 (04-05)

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UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 6,836,309
APPLICATION NO.: 09/727,092
ISSUE DATE : December 28, 2004
INVENTOR(S) : Anderson, et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In Claim 16, ln. 4, please change "non-pretiled" to "non-pretitled".

In Claim 16, ln. 4, please change "homeotropie" to "homeotropic".

MAILING ADDRESS OF SENDER (Please do not use customer number below):

James C. Scott
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